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| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | ☐ Chapter 7                   |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ■ Chapter 13                  | ☐ Check if this an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1:              | Identify Yourself  |  |   |
|-----|--------------------|--|--|---|
|     |                    |  | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | You                | r full name  |  |   |
|     |                    | e the name that is on  | Bryon                                    |   |
|     | pictu<br>exar      | government-issued<br>ure identification (for<br>nple, your driver's                                    | First name                               | First name                                    |
|     | licer              | se or passport).   | Middle name                              | Middle name                                   |
|     | iden               | g your picture<br>tification to your<br>ting with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  |                    | other names you have   |  |   |
|     | Inclu              | ide your married or<br>den names.  |  |   |
| 3.  | you<br>num<br>Indi | y the last 4 digits of<br>r Social Security<br>aber or federal<br>vidual Taxpayer<br>tification number | xxx-xx-5496                              |   |

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Debtor 1 Bryon Igess

Case number (if known)

|  |   | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):   |
|--|---|--|---|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names |   | ■ I have not used any business name or EINs.  Business name(s)  EINs   | ☐ I have not used any business name or EINs.  Business name(s)  EINs  |
| 5.   | Where you live  | 10224 South Hoxie Avenue Chicago, IL 60617  Number, Street, City, State & ZIP Code  Cook County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code | If Debtor 2 lives at a different address:  Number, Street, City, State & ZIP Code  County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code |
| 6.   | Why you are choosing this district to file for bankruptcy | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  □ I have another reason. Explain. (See 28 U.S.C. § 1408.)  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)   |

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Document Page 3 of 48 Case number (if known) Debtor 1 **Bryon Igess** Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for □ No. bankruptcy within the Yes. last 8 years? **Northern District of** 6/26/15 15-22144 District Illinois When Case number **Northern District of** 12/15/14 14-44586 When District Illinois Case number **Northern District of** 11-25999 District Illinois When 6/02/11 Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you District When Case number, if known Relationship to you Debtor District When Case number, if known 11. Do you rent your Go to line 12. ■ No.

Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

residence?

☐ Yes.

No. Go to line 12.

bankruptcy petition.

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| Deb | otor 1 Bryon Igess  |                    | Case number (if known)   |                                      |  |  |  |
|-----|---|--------------------|--|--------------------------------------|--|--|--|
|     |   |                    |  |                                      |  |  |  |
| Par | t 3: Report About Any Bu  | sinesses           | You Own as a Sole Proprietor   |                                      |  |  |  |
| 12. | Are you a sole proprietor   |                    |  |                                      |  |  |  |
|     | of any full- or part-time business?   | ■ No.              | Go to Part 4.  |                                      |  |  |  |
|     |   | ☐ Yes.             | Name and location of business  |                                      |  |  |  |
|     | A sole proprietorship is a  |                    |  |                                      |  |  |  |
|     | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                    | Name of business, if any   |                                      |  |  |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |                    | Number, Street, City, State & ZIP Code   |                                      |  |  |  |
|     | it to this petition.  |                    | Check the appropriate box to describe your business:   |                                      |  |  |  |
|     |   |                    | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  |                                      |  |  |  |
|     |   |                    | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  |                                      |  |  |  |
|     |   |                    | Stockbroker (as defined in 11 U.S.C. § 101(53A))   |                                      |  |  |  |
|     |   |                    | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  |                                      |  |  |  |
|     |   |                    | ☐ None of the above  |                                      |  |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?                           | deadline operation | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B). |                                      |  |  |  |
|     | For a definition of small   | ■ No.              | I am not filing under Chapter 11.  |                                      |  |  |  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.              | I am filing under Chapter 11, but I am NOT a small business debtor according Code.   | to the definition in the Bankruptcy  |  |  |  |
|     |   | ☐ Yes.             | I am filing under Chapter 11 and I am a small business debtor according to the   | e definition in the Bankruptcy Code. |  |  |  |
| Par | t 4: Report if You Own or   | Have Any           | Hazardous Property or Any Property That Needs Immediate Attention  |                                      |  |  |  |
| 14. | Do you own or have any  | ■ No.              |  |                                      |  |  |  |
|     | property that poses or is alleged to pose a threat  | ☐ Yes.             |  |                                      |  |  |  |
|     | of imminent and identifiable hazard to  | <b>-</b> 100.      | What is the hazard?  |                                      |  |  |  |
|     | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?                                      |                    | If immediate attention is needed, why is it needed?  |                                      |  |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                 |                    | Where is the property?   |                                      |  |  |  |

Number, Street, City, State & Zip Code

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Page 5 of 48 Document Case number (if known) Debtor 1 **Bryon Igess** 

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:
  - Incapacity. I have a mental illness or a

mental deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes 

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active П military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit | t |
|--|---|
| counseling because of:                               |   |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

My physical disability causes me to Disability.

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 **Bryon Igess** Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ■ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative ☐ Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ☐ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 **1**-49 you estimate that you **5**0,001-100,000 **5001-10,000** □ 50-99 owe? **1**0,001-25,000 ■ More than 100,000 □ 100-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Bryon Igess Signature of Debtor 2 **Bryon Igess** Signature of Debtor 1 Executed on December 12, 2015 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Bryon Igess Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Asisat Williams                    | Date          | December 12, 2015 |
|--|---------------|-------------------|
| Signature of Attorney for Debtor       | -             | MM / DD / YYYY    |
| A size of VAVIII sures                 |               |                   |
| Asisat Williams                        |               |                   |
| Printed name                           |               |                   |
| Williams Law Office                    |               |                   |
| Firm name                              |               |                   |
| PO Box 208501                          |               |                   |
| Chicago, IL 60620                      |               |                   |
| Number, Street, City, State & ZIP Code |               |                   |
|  |               |                   |
| Contact phone (773) 445-5274           | Email address |                   |
| 6276887                                |               |                   |
| Bar number & State                     |               |                   |

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|---|--------------------------|-------------------|------------------|--|--|--|--|--|
| Fill in this information to identify your case: |                          |                   |                  |  |  |  |  |  |
| Debtor 1  | Bryon Igess              |                   |                  |  |  |  |  |  |
|   | First Name               | Middle Name       | Last Name        |  |  |  |  |  |
| Debtor 2  |                          |                   |                  |  |  |  |  |  |
| (Spouse if, filing)                             | First Name               | Middle Name       | Last Name        |  |  |  |  |  |
| United States Ba                                | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |  |  |  |  |  |
| Case number                                     |                          |                   |                  |  |  |  |  |  |

#### ☐ Check if this is an amended filing

### Official Form 106Sum

(if known)

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Par | 11: Summarize Your Assets  |             |                          |
|-----|--|-------------|--------------------------|
| ıaı | Summanze Four Assets   | Your a      | ssets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 0.00                     |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 15,571.00                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 15,571.00                |
| Par | 2: Summarize Your Liabilities  |             |                          |
|     |  |             | abilities<br>at you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 22,558.67                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 36,840.00                |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 20,943.70                |
|     | Your total liabilities   | \$          | 80,342.37                |
| Par | 3: Summarize Your Income and Expenses  |             |                          |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 3,493.55                 |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 2,413.13                 |
| Par | 4: Answer These Questions for Administrative and Statistical Records   |             |                          |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other so | chedules.                |
| 7.  | ■ Yes What kind of debt do you have?   |             |                          |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for   | a personal  | l, family, or            |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Case number (if known) Debtor 1 **Bryon Igess** 

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form \$ 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,162.84

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total | claim     |
|--|-------|-----------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 36,840.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$    | 15,997.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 52,837.00 |

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|--|--------------------------------|--|------------------------------|--|--|
| Fill in this info                              | rmation to identify your o     | ase and this filing:   |                              |  |  |
| Debtor 1                                       | Bryon Igess                    |  |                              |  |  |
|  | First Name                     | Middle Name  | Last Name                    |  |  |
| Debtor 2<br>(Spouse, if filing)                | First Name                     | Middle Name  | Last Name                    |  |  |
| United States B                                | ankruptcy Court for the:       | NORTHERN DISTRICT OF ILL   | INOIS                        |  |  |
| Coco number                                    | _                              |  |                              |  | <b>—</b>                               |
| Case number                                    |                                |  | _                            |  | ☐ Check if this is an amended filing   |
| Official Ed                                    | orm 106A/B                     |  |                              |  |  |
|  | le A/B: Prope                  | ertv   |                              |  | 12/15                                  |
|  |                                | tems. List an asset only once. If a  | n asset fits in more than on | e category, list the asset in th                     |  |
|  |                                | essible. If two married people are f<br>to this form. On the top of any ad-  |                              |  |  |
| <u> </u>                                       | •                              | . ,  | , , ,                        | and data data namber (ii kilov                       | miji zalionol ovoly quodao             |
| Part 1: Describe                               | e Lacii Residence, Building, i | Land, or Other Real Estate You Ov  | on or mave an interest in    |  |  |
| 1. Do you own or                               | have any legal or equitable in | nterest in any residence, building,  | land, or similar property?   |  |  |
| ■ No. Go to Pa                                 | ırt 2.                         |  |                              |  |  |
| ☐ Yes. Where                                   | is the property?               |  |                              |  |  |
| Part 2: Describe                               | e Your Vehicles                |  |                              |  |  |
| □ No<br>■ Yes                                  | rucks, tractors, sport uti     | lity vehicles, motorcycles   |                              | Do not deduct secured cla                            | aims or exemptions. Put                |
| 3.1 Make:                                      |                                | Who has an interest in the   | ne property? Check one       | the amount of any secure<br>Creditors Who Have Clair | ed claims on Schedule D:               |
| Model:<br>Year:                                |                                | Debtor 1 only  Debtor 2 only   |                              | Current value of the                                 | Current value of the                   |
| Approxima                                      | te mileage:                    | Debtor 1 and Debtor 2  | only                         | entire property?                                     | portion you own?                       |
| Other infor                                    |                                | At least one of the deb  | tors and another             |  |  |
| Sedan  | ick Lacross CXL 4Doo           | Or Check if this is comm   | unity property               | \$13,911.00  | \$13,911.00                            |
| Approxi  | mate mileage: 47,000           |  |                              |  |  |
| Credito  | r: Capital One Auto            |  |                              |  |  |
| Examples: Bo  No Yes  Add the doll pages you h | ats, trailers, motors, perso   | Vs and other recreational velous and watercraft, fishing vessels, so the watercraft of your entries write that number here | snowmobiles, motorcycle      | accessories ny entries for                           | \$13,911.00                            |
| Do you own or                                  | have any legal or equita       | ble interest in any of the follo   | wing items?                  |  | Current value of the                   |
|  |                                |  |                              |  | portion you own? Do not deduct secured |

6. **Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

☐ No Official Form 106A/B Schedule A/B: Property claims or exemptions.

|                            | Document Page 11 of 48   | 5 21:33:30            | Desc Main   |
|----------------------------|--|-----------------------|---|
| Debtor 1                   | Bryon Igess Case   | number (if known)     |   |
| ■ Yes.                     | Miscellaneous household goods  |                       | \$1,200.00  |
| ■ No                       | <ul> <li>conics</li> <li>bles: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, including cell phones, cameras, media players, games</li> <li>describe</li> </ul> | scanners; music co    | ollections; electronic devices  |
| 8. Collecti<br>Example     | tibles of value  bles: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art of other collections, memorabilia, collectibles  b. Describe                             | bjects; stamp, coin,  | , or baseball card collections;   |
| 9. <b>Equipm</b> Example   | ment for sports and hobbies  bles: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf cl  musical instruments  b. Describe   | lubs, skis; canoes a  | and kayaks; carpentry tools;  |
| 10. <b>Firear</b><br>Examp |  |                       |   |
| □ No                       | es  nples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  Describe  Necessary wearing apparel   |                       | \$300.00  |
| ■ No □ Yes.                | Iry hples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry  Describe  Tarm animals hples: Dogs, cats, birds, horses   | ', watches, gems, g   | jold, silver  |
| 14. <b>Any ot</b> ■ No     | ther personal and household items you did not already list, including any health aids y  | you did not list      |   |
| 15. <b>Add t</b>           | the dollar value of all of your entries from Part 3, including any entries for pages you heart 3. Write that number here   | have attached         | \$1,500.00  |
|                            | escribe Your Financial Assets wn or have any legal or equitable interest in any of the following?  |                       | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. <b>Cash</b> Examp ■ No | nples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when  | you file your petitic | on .  |

Official Form 106A/B Schedule A/B: Property page 2

Case 15-42437 Doc 1 Filed 12/16/15 Entered 12/16/15 21:33:30 Desc Main Document Page 12 of 48 Case number (if known) Debtor 1 **Bryon Igess** 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... **ADP Deposit account** \$160.00 17.1. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No  $\hfill \square$  Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

■ No

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

☐ Yes. Give specific information about them...

Current value of the Money or property owed to you? portion you own?

page 3

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| De  | ebtor 1        | Bryon Igess   |                                 | . ago <b>_c</b>        | Case number (if known)        |   |
|-----|----------------|---|---------------------------------|------------------------|-------------------------------|---|
|     |                |   |                                 |                        |                               | Do not deduct secured claims or exemptions. |
| 28  | Tay refu       | ınds owed to you  |                                 |                        |                               |   |
|     | ■ No           | ·   |                                 |                        |                               |   |
|     | ⊔ Yes. (       | Give specific information about them  | , including whether you alrea   | ady filed the returns  | s and the tax years           |   |
| 29. | Family s       | support<br>les: Past due or lump sum alimony,   | spousal support, child suppo    | ort maintenance di     | vorce settlement property     | settlement                                  |
|     | ■ No           | oo. I dot ddo of famp oain amnony,  | opoudar dapport, orma dappo     | rt, mantonanco, a      | voros somomoni, proporty      |   |
|     | ☐ Yes. 0       | Sive specific information   |                                 |                        |                               |   |
|     |                | mounts someone owes you<br>les: Unpaid wages, disability insuran<br>benefits; unpaid loans you made |                                 | efits, sick pay, vaca  | tion pay, workers' compen     | sation, Social Security                     |
|     |                | Give specific information   |                                 |                        |                               |   |
|     |                | s in insurance policies<br>les: Health, disability, or life insurand                                | e; health savings account (F    | HSA); credit, homed    | owner's, or renter's insuran  | ce  |
|     |                | lame the insurance company of eac   | h policy and list its value.    |                        |                               |   |
|     |                | Company nam   | e:                              | Benefic                | ciary:                        | Surrender or refund value:                  |
|     | If you a       | erest in property that is due you from the beneficiary of a living trust, expended has died.        |                                 |                        | re currently entitled to rece | ive property because                        |
|     |                | Give specific information   |                                 |                        |                               |   |
|     | Exampl         | against third parties, whether or res: Accidents, employment disputes                               |                                 |                        | nd for payment                |   |
|     | ■ No<br>□ Yes. | Describe each claim   |                                 |                        |                               |   |
| 34. | Other c        | ontingent and unliquidated claims   | s of every nature, including    | g counterclaims o      | f the debtor and rights to    | set off claims                              |
|     | ☐ Yes.         | Describe each claim   |                                 |                        |                               |   |
|     | Any fina ■ No  | nncial assets you did not already l   | ist                             |                        |                               |   |
|     | ☐ Yes.         | Give specific information   |                                 |                        |                               |   |
| 36  |                | e dollar value of all of your entriert 4. Write that number here                                    |                                 |                        |                               | \$160.00                                    |
| Pai | rt 5: Des      | cribe Any Business-Related Property Y   | ou Own or Have an Interest In.  | List any real estate i | n Part 1.                     |   |
| _   | Do you ov      | vn or have any legal or equitable intere  | st in any business-related prop | erty?                  |                               |   |
| _   |                | to line 38.   |                                 |                        |                               |   |
|     |                |   |                                 |                        |                               |   |
| Pai |                | cribe Any Farm- and Commercial Fishi<br>u own or have an interest in farmland, list                 |                                 | or Have an Interest In | <b>1.</b>                     |   |
| 46. | _ `            | own or have any legal or equitable to Part 7.   | e interest in any farm- or c    | ommercial fishing      | g-related property?           |   |
|     | _              | Go to line 47.  |                                 |                        |                               |   |

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Debtor 1 Bryon Igess Case number (if known)

**portion you own?**Do not deduct secured claims or exemptions.

\$15,571.00

Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 Part 8: List the Totals of Each Part of this Form Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$13,911.00 Part 3: Total personal and household items, line 15 57. \$1,500.00 Part 4: Total financial assets, line 36 \$160.00 58. Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 61. Total personal property. Add lines 56 through 61... \$15,571.00 Copy personal property total \$15,571.00

Official Form 106A/B Schedule A/B: Property

63. Total of all property on Schedule A/B. Add line 55 + line 62

page 5

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Page 15 of 48 Document Fill in this information to identify your case: Debtor 1 **Bryon Igess** Middle Name Last Name First Name Debtor 2 First Name Middle Name (Spouse if, filing) Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

12/15

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo   | ount of the exemption you claim                                 | Specific laws that allow exemption |
|--|--------------------------------------|---|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Che   | ck only one box for each exemption.                             |                                    |
| 2011 Buick Lacross CXL 4Door<br>Sedan  | \$13,911.00                          |   | \$2,400.00  | 735 ILCS 5/12-1001(c)              |
| Approximate mileage: 47,000 Creditor: Capital One Auto Line from Schedule A/B: 3.1     |                                      | 100% of fair market value, up to any applicable statutory limit |   |                                    |
| Miscellaneous household goods Line from Schedule A/B: 6.1                              | \$1,200.00                           |   | \$1,200.00  | 735 ILCS 5/12-1001(b)              |
| Line nom schedule A.B. G. 1  |                                      |   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Necessary wearing apparel Line from Schedule A/B: 11.1                                 | \$300.00                             |   | \$300.00  | 735 ILCS 5/12-1001(a)              |
| Line nom schedule A.B. 11.1  |                                      |   | 100% of fair market value, up to any applicable statutory limit |                                    |
| ADP Deposit account Line from Schedule A/B: 17.1                                       | \$160.00                             |   | \$160.00  | 735 ILCS 5/12-1001(b)              |
| Line nom Schedule A/B. 17.1  |                                      |   | 100% of fair market value, up to any applicable statutory limit |                                    |

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Debtor 1 Bryon Igess

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

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| Case 1  | .5-42457   | Document   | Page 17                                    | nf 10                                  | 33.30 Desc IV              | ani                   |
|---|--|--|--|--|----------------------------|-----------------------|
| Fill in this information                              | to identify your   |  | Paue 17                                    | 01 40                                  |                            |                       |
|   |  |  |  |  |                            |                       |
|   | yon Igess  Name  | Middle Name  | Last Name                                  |  |                            |                       |
| Debtor 2  |  |  |  |  |                            |                       |
| (Spouse if, filing) First                             | Name   | Middle Name  | Last Name                                  |  |                            |                       |
| United States Bankrupt                                | cy Court for the:  | NORTHERN DISTRICT OF IL  | LINOIS                                     |  |                            |                       |
| Case number   |  |  |  |  |                            |                       |
| (if known)  |  |  |  |  | ☐ Check                    | if this is an         |
|   |  |  |  |  | amend                      | led filing            |
| Official Form 10                                      | eD.  |  |  |  |                            |                       |
| Official Form 10                                      |  |  |  |  |                            |                       |
| Schedule D: (   | Creditors  | Who Have Claims  | Secured                                    | by Property                            | У                          | 12/15                 |
|   |  | two married people are filing togeth<br>number the entries, and attach it to   |  |  |                            |                       |
| l. Do any creditors have c                            | laims secured by v   | our property?  |  |  |                            |                       |
|   |  | is form to the court with your oth   | ar schadulas Vo                            | ou have nothing else                   | to report on this form     |                       |
| Yes. Fill in all of                                   |  | ·  | ci scricudios. To                          | od flave flottling clac                | to report on this form.    |                       |
|   |  | eiow.  |  |  |                            |                       |
| Part 1: List All Secu                                 |  |  |  | Column A                               | Column B                   | Column C              |
|   |  | ore than one secured claim, list the cre<br>rticular claim, list the other creditors in                                  |  | Amount of claim                        | Value of collateral        | Unsecured             |
|   | ·  | r according to the creditor's name.  |  | Do not deduct the value of collateral. | that supports this claim   | <b>portion</b> If any |
| 2.1   Capital One Au                                  | ito  | Describe the property that secures   | the claim:                                 | \$22,558.67                            | \$13,911.00                | \$8,647.67            |
| Creditor's Name                                       |  | 2011 Buick Lacross CXL 4   |  | · ,                                    |                            |                       |
|   |  | Sedan  |  |  |                            |                       |
|   |  | Approximate mileage: 47,0  |  |  |                            |                       |
|   |  | Creditor: Capital One Auto As of the date you file, the claim is:  |  |  |                            |                       |
| 3901 Dallas Pk  |  | apply.   | . Check all that                           |  |                            |                       |
| Plano, TX 7509  |  | Contingent   |  |  |                            |                       |
| Number, Street, City, St                              | ate & Zip Code   | ☐ Unliquidated   |  |  |                            |                       |
| Who owes the debt? Ch                                 | neck one.  | ☐ Disputed  Nature of lien. Check all that apply.  |  |  |                            |                       |
| ■ Debtor 1 only                                       |  | ☐ An agreement you made (such as   | mortgage or secu                           | red                                    |                            |                       |
| Debtor 2 only   |  | car loan)  | 0 0  |  |                            |                       |
| Debtor 1 and Debtor 2 of                              | only   | ☐ Statutory lien (such as tax lien, me   | echanic's lien)                            |  |                            |                       |
| ☐ At least one of the debte                           | •  | ☐ Judgment lien from a lawsuit   | ,  |  |                            |                       |
| Check if this claim relacement                        | ates to a  | Other (including a right to offset)  | Purchase M                                 | Ioney Security                         |                            |                       |
| Date debt was incurred                                |  | Last 4 digits of account num   | nber <u>0462</u>                           |  |                            |                       |
|   |  |  |  |  |                            |                       |
|   |  |  |  | 400.55                                 | 0.07                       |                       |
|   |  | umn A on this page. Write that num<br>e dollar value totals from all pages.  |  | \$22,55                                |                            |                       |
| Write that number here:                               |  | e donar varue totals from all pages.   |  | \$22,55                                | 8.67                       |                       |
| Part 2: List Others to                                | Be Notified for  | a Debt That You Already Liste  | d  |  |                            |                       |
| Use this page only if you to collect from you for a c | have others to be i<br>lebt you owe to so<br>ots that you listed i | notified about your bankruptcy for a<br>meone else, list the creditor in Part<br>in Part 1, list the additional creditor | a debt that you alr<br>1, and then list th | ne collection agency he                | re. Similarly, if you have | more than one         |
| Name Address  |  |  |  |  |                            |                       |
| -NONE-  |  |  | On which line                              | in Part 1 did you                      | enter the creditor?        |                       |

Last 4 digits of account number

Case 15-42437 Doc 1 Filed 12/16/15 Entered 12/16/15 21:33:30 Desc Main Page 18 of 48 Document Fill in this information to identify your case: Debtor 1 **Bryon Igess** Middle Name Last Name First Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? ■ No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount 2.1 Latrina Kent Last 4 digits of account number 4031 \$8,372.00 \$8,372.00 \$0.00 Priority Creditor's Name c/o IL Department of Healthcare When was the debt incurred? 12/1994 - 11/2014 509 South 6th Street Springfield, IL 62701 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Type of PRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Domestic support obligations

☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated

**Child support** 

☐ Other. Specify

Best Case Bankruptcy

☐ Check if this claim is for a community debt

Is the claim subject to offset?

■ No

☐ Yes

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| Deptor  | 1 Bryon igess  |   | Case           | number (if know)                             |                              |                     |
|---------|--|---|----------------|--|------------------------------|---------------------|
| 2.2     | Latrina Kent   | Last 4 digits of account number                               | 1031           | \$28,468.00                                  | \$28,468.00                  | \$0.00              |
|         | Priority Creditor's Name c/o IL Department of Healthcare 509 South 6th Street  | When was the debt incurred?                                   |                | - 11/2014                                    |                              |                     |
|         | Springfield, IL 62701  Number Street City State Zlp Code   | As of the date you file, the claim                            | is: Check al   | Il that apply                                |                              |                     |
| w       | ho incurred the debt? Check one.   | ☐ Contingent  | on ook a       | u.a. app.y                                   |                              |                     |
|         | Debtor 1 only  | ☐ Unliquidated  |                |  |                              |                     |
|         | Debtor 2 only  | ☐ Disputed  |                |  |                              |                     |
| _       | Debtor 1 and Debtor 2 only   | Type of PRIORITY unsecured cla                                | aim:           |  |                              |                     |
|         | At least one of the debtors and another  | ■ Domestic support obligations                                |                |  |                              |                     |
| _       | Check if this claim is for a community debt  | ☐ Taxes and certain other debts                               | ou owe the     | government                                   |                              |                     |
|         | the claim subject to offset?   | ☐ Claims for death or personal in                             |                | •  |                              |                     |
|         | No   | Other. Specify  |                |  |                              |                     |
|         | Yes  | Illinois ch   | ild suppo      | ort  |                              |                     |
| 4. List | Yes.  t all of your nonpriority unsecured claims in the amount of the common of the creditor separately for each claim. For each ditor holds a particular claim, list the other creditors in | ch claim listed, identify what type of c                      | laim it is. Do | not list claims already in                   | ncluded in Part 1. If more t | than one<br>Part 2. |
| 4.1     | Arnold Scott Harris, P.C   | Last 4 digits of account numb                                 | er 5435        | 5  |                              | \$570.70            |
|         | Nonpriority Creditor's Name 111 West Jackson Boulevard, Ste 600  | When was the debt incurred?                                   |                | <u>,                                    </u> |                              | Ψ370.70             |
|         | Chicago, IL 60604  Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the cla                              | im is: Check   | k all that apply                             |                              |                     |
|         | Debtor 1 only  | ☐ Unliquidated  |                |  |                              |                     |
|         | Debtor 2 only  | ☐ Disputed  |                |  |                              |                     |
|         | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsec                                     | ured claim:    |  |                              |                     |
|         | At least one of the debtors and another  | Student loans   |                |  |                              |                     |
|         | ☐ Check if this claim is for a community debt Is the claim subject to offset?  | Obligations arising out of a serior report as priority claims | separation ag  | greement or divorce that                     | you did not                  |                     |
|         | ■ No   | ☐ Debts to pension or profit-sh                               | naring plans,  | and other similar debts                      |                              |                     |
|         | Yes  | Collecti Other. Specify Authoric                              |                | nt for Illinois Toll                         | way                          |                     |

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Case number (if know)

| City of Chicago   Last 4 digits of account number   0310   \$2,408.00  | Debto | Bryon Igess   |                                      | Case number (if know)                           |            |  |  |  |
|--|-------|---|--------------------------------------|---|------------|--|--|--|
| Department of Finance 111 W. Jackson Boulevard, Suite 600 Chicago, IL 60604 Number Street City Salez 2p Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Al least one of the debtors and another Debtor is the claim subject to offset? No Cradit Management Cradit Management Cradit Management Condingent Debtor 1 only Debtor 1 only Who was the debt one and other similar debts Debtor 1 and Debtor 2 only Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 1 only Debtor 2 only Debtor 1 only  | 4.2   |   | Last 4 digits of account number      | 0310  | \$2,408.00 |  |  |  |
| Number Street (iv) State 2/p Code Who incurred the debt? Check one.    Debtor 1 only   |       | Department of Finance<br>111 W. Jackson Boulevard, Suite<br>600 | When was the debt incurred?          | 2014  |            |  |  |  |
| Who incurred the debt? Check one: Debtor 1 and pebtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 4 tries dain subject to offset? Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 1 |       |   |                                      |   |            |  |  |  |
| Debtor 1 only  |       | ·   | As of the date you file, the claim i | s: Check all that apply                         |            |  |  |  |
| Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 3 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 3 only   Debtor 4 only   Debtor 4 only   Debtor 5 only    |       | _   | ☐ Contingent                         |   |            |  |  |  |
| Debtor 1 and Debtor 2 only   |       |   | ☐ Unliquidated                       |   |            |  |  |  |
| At least one of the debtors and another   Check if this claim is for a community debt is the claim subject to offset?   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Pres   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 3 only   Debtor 4 only   Debtor 2 only   Debtor 4 only   Debtor 2 only   Debtor 4 only   Debtor 2 only   Debtor 3 only   Debtor 4 only   Debtor 4 only   Debtor 4 only   Debtor 4 only   Debtor 5 only   Debtor 5 only   Debtor 6 only   Debtor 6 only   Debtor 7 only   Debtor 8 only   Debtor   |       | •   | ☐ Disputed                           |   |            |  |  |  |
| Check if this claim is for a community debt is the claim subject to offset?   No   |       | ☐ Debtor 1 and Debtor 2 only                                    | Type of NONPRIORITY unsecured        | d claim:  |            |  |  |  |
| Is the claim subject to offset?    No  |       | ☐ At least one of the debtors and another                       | ☐ Student loans                      |   |            |  |  |  |
| Credit Management Nonpriority Creditor's Name 4200 International Parkway Carrollton, TX 75007-1912 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 nall Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and East and another Check if this claim is for a community debt is the claim subject to offset? Nonpriority Creditor's Name Sa40 E. Robinson Road, Suite 353 Buffalo, NY 14228 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and 5  |       | •   |                                      | ration agreement or divorce that you did not    |            |  |  |  |
| 4.3   Credit Management   Last 4 digits of account number   9710   \$304.00  |       | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts                |            |  |  |  |
| Nonpriority Creditor's Name 4200 International Parkway Carroliton, TX 75007-1912 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debto |       | Yes   | ■ Other. Specify Parking tic         | kets  |            |  |  |  |
| A200 International Parkway Carrollton, TX 75007-1912   Number Street (Dity State 2/p Code   Who incurred the debt? Check one.  | 4.3   |   | Last 4 digits of account number      | 9710  | \$304.00   |  |  |  |
| Number Street City State Zip Code   As of the date you file, the claim is: Check all that apply   Who incurred the debt? Check one.   Contingent   Unliquidated   Debtor 1 and Debtor 2 only   Disputed   Type of NONPRIORITY unsecured claim:   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising plans, and other similar debts   Steelaim subject to offset?   Other. Specify   Collection account for Wow     4.4   Enhanced Acquisition   Last 4 digits of account number   3367   \$510.00     Nonpriority Creditor's Name   3840 E. Robinson Road, Suite 353   Buffalo, NY 14228   Number Street City State Zip Code   Who incurred the debt? Check one.   Contingent   Unliquidated   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 3 and another   Student loans   Stude  |       | 4200 International Parkway                                      | When was the debt incurred?          | 3/10/2012                                       |            |  |  |  |
| Debtor 1 only  |       |   | As of the date you file, the claim i | s: Check all that apply                         |            |  |  |  |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 4 least one of the debtors and another Debtor 4 least one of the debtors and another Debtor 5 only Debtor 5 only Debtor 1 only Debtor 3 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 1 only  |       | Who incurred the debt? Check one.                               | Contingent                           |   |            |  |  |  |
| Debtor 2 only  |       | ■ Debtor 1 only   | _                                    |   |            |  |  |  |
| Debtor 1 and Debtor 2 only   |       | ☐ Debtor 2 only   | <u> </u>                             |   |            |  |  |  |
| At least one of the debtors and another  Check if this claim is for a community debt is the claim subject to offset?  No Check if this claim is for a community debt is the claim subject to offset?  No Check if this claim subject to offset?  Collection account for Wow   Last 4 digits of account number 3367 \$510.00  Somptification Nonpriority Creditor's Name 3840 E. Robinson Road, Suite 353 Buffalo, NY 14228 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts  When was the debt incurred? 2012  As of the date you file, the claim is: Check all that apply  Contingent Uniliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  |       | ☐ Debtor 1 and Debtor 2 only                                    | Type of NONPRIORITY unsecured claim: |   |            |  |  |  |
| Check if this claim is for a community debt Is the claim subject to offset?  |       | ☐ At least one of the debtors and another                       |                                      |   |            |  |  |  |
| Yes  |       | -   |                                      |   |            |  |  |  |
| Last 4 digits of account number   3367   \$510.00  |       | ■ No  | Debts to pension or profit-sharin    |   |            |  |  |  |
| Nonpriority Creditor's Name 3840 E. Robinson Road, Suite 353 Buffalo, NY 14228  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  No  When was the debt incurred?  2012  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts   |       | Yes   | Other. Specify Collection            | account for Wow                                 |            |  |  |  |
| Buffalo, NY 14228 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  When was the debt incurred?  2012  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts   | 4.4   |   | Last 4 digits of account number      | 3367  | \$510.00   |  |  |  |
| Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts   |       | 3840 E. Robinson Road, Suite 353                                | When was the debt incurred?          | 2012  |            |  |  |  |
| □ Debtor 1 only □ Unliquidated □ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Disputed □ Type of NONPRIORITY unsecured claim: □ At least one of the debtors and another □ Student loans □ Check if this claim is for a community debt Is the claim subject to offset? □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts   |       |   | As of the date you file, the claim i | s: Check all that apply                         |            |  |  |  |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts   |       | Who incurred the debt? Check one.                               | Continues                            |   |            |  |  |  |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts  |       | Debtor 1 only   |                                      |   |            |  |  |  |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Student loans □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts  |       | ☐ Debtor 2 only   | <u> </u>                             |   |            |  |  |  |
| ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ No ☐ Debts to pension or profit-sharing plans, and other similar debts   |       | ☐ Debtor 1 and Debtor 2 only                                    | Type of NONPRIORITY unsecured claim: |   |            |  |  |  |
| □ Check if this claim is for a community debt Is the claim subject to offset? □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts   |       |   |                                      |   |            |  |  |  |
| Is the claim subject to offset?  ■ No  □ Debts to pension or profit-sharing plans, and other similar debts   |       | _   |                                      | restion correspond on diverse the transport and |            |  |  |  |
| ■ No □ Debts to pension or profit-sharing plans, and other similar debts   |       | -   |                                      | iration agreement or divorce that you did not   |            |  |  |  |
|  |       | <u> </u>  | ☐ Debts to pension or profit-sharin  | g plans, and other similar debts                |            |  |  |  |
|  |       |   |                                      |   |            |  |  |  |

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| Debtor         | Bryon Igess  | Case number (if know)   |                              |
|----------------|--|---|------------------------------|
| 4.5            | First Premier Bank Nonpriority Creditor's Name                                   | Last 4 digits of account number 4058  | \$954.00                     |
|                | 3820 N. Louise Avenue<br>Sioux Falls, SD 57107                                   | When was the debt incurred? 9/27/2011   |                              |
|                | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |                              |
|                | Who incurred the debt? Check one.  | ☐ Contingent  |                              |
|                | ■ Debtor 1 only  | ☐ Unliquidated  |                              |
|                | ☐ Debtor 2 only  | ☐ Disputed  |                              |
|                | ☐ Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                              |
|                | $\square$ At least one of the debtors and another                                | ☐ Student loans   |                              |
|                | ☐ Check if this claim is for a community debt                                    | Obligations ansing out of a separation agreement of alvoice that you do not   |                              |
|                | Is the claim subject to offset?  | report as priority claims   |                              |
|                | No   | Debts to pension or profit-sharing plans, and other similar debts   |                              |
|                | Yes  | Other. Specify Collection account   |                              |
| 4.6            | MCSI Inc.  | Last 4 digits of account number 9738  | \$200.00                     |
|                | Nonpriority Creditor's Name PO Box 327   | When was the debt incurred? 3/2015  |                              |
|                | Chicago, IL 60643  Number Street City State Zlp Code                             | As of the date you file, the claim is: Check all that apply   |                              |
|                | Who incurred the debt? Check one.  | ☐ Contingent  |                              |
|                | ■ Debtor 1 only  | ☐ Unliquidated  |                              |
|                | ☐ Debtor 2 only  | ☐ Disputed  |                              |
|                | ☐ Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                              |
|                | $\square$ At least one of the debtors and another                                | ☐ Student loans   |                              |
|                | ☐ Check if this claim is for a community debt<br>Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                              |
|                | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |                              |
|                | <b>—</b> 140   | _ Collection account for City of Chicago  |                              |
|                | Yes  | Other. Specify Heights  | <u></u>                      |
| 4.7            | Mohela/Department of Education   | Last 4 digits of account number 0001  | \$15,997.00                  |
|                | Nonpriority Creditor's Name  | When was the debt incurred? 0/01/10   |                              |
|                | 633 Spirit Drive<br>Labadie, MO 63055  | when was the debt incurred? 0/01/10   |                              |
|                | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |                              |
|                | Who incurred the debt? Check one.  | ☐ Contingent  |                              |
|                | Debtor 1 only  | ☐ Unliquidated  |                              |
|                | ☐ Debtor 2 only  | ☐ Disputed  |                              |
|                | ☐ Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                              |
|                | $\square$ At least one of the debtors and another                                | ■ Student loans   |                              |
|                | ☐ Check if this claim is for a community debt                                    | Congations ansing out of a separation agreement of arvoice that you are not   |                              |
|                | Is the claim subject to offset?  | report as priority claims   |                              |
|                | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |                              |
|                | Yes  | Other. Specify  |                              |
|                | <u></u>  | Educational Ioan  |                              |
| Part 3:        | List Others to Be Notified About a Del   | ot That You Already Listed  |                              |
| trying<br>more | to collect from you for a debt you owe to some                                   | out your bankruptcy, for a debt that you already listed in Parts 1 or 2. For exampone else, list the original creditor in Parts 1 or 2, then list the collection agency I sted in Parts 1 or 2, list the additional creditors here. If you do not have addition page. | nere. Similarly, if you have |
| Name a<br>-NON |  | On which entry in Part 1 or Part 2 did you list the original creditor?  Line of (Check one): Part 1: Creditors with Priority Unsecured Clai Part 2: Creditors with Nonpriority Unsecured  |                              |

Last 4 digits of account number

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Debtor 1 Bryon Igess

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                             |            |   |            | Total claim |           |
|-----------------------------|------------|---|------------|-------------|-----------|
|                             | 6a.        | Domestic support obligations  | 6a.        | \$          | 36,840.00 |
| Total claims                |            |   |            |             |           |
| from Part 1                 | 6b.        | Taxes and certain other debts you owe the government  | 6b.        | \$          | 0.00      |
|                             | 6c.        | Claims for death or personal injury while you were intoxicated  | 6c.        | \$          | 0.00      |
|                             | 6d.        | Other. Add all other priority unsecured claims. Write that amount here.   | 6d.        | \$          | 0.00      |
|                             |            |   |            |             | <u> </u>  |
|                             | 6e.        | Total. Add lines 6a through 6d.   | 6e.        | \$          | 36,840.00 |
|                             |            |   |            |             |           |
|                             |            |   |            |             |           |
|                             | C4         | Children Lanna  | C4         | Total Claim | 45.007.00 |
|                             | 6f.        | Student loans   | 6f.        | Total Claim | 15,997.00 |
| Total claims                |            |   | 6f.        |             | 15,997.00 |
| Total claims<br>from Part 2 | 6f.<br>6g. | Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  | 6f.<br>6g. |             | 15,997.00 |
|                             |            | Obligations arising out of a separation agreement or divorce that you   |            | \$          | <u> </u>  |
|                             | 6g.        | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   | 6g.        | \$          | 0.00      |
|                             | 6g.<br>6h. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6g.<br>6h. | \$          | 0.00      |
|                             | 6g.<br>6h. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6g.<br>6h. | \$          | 0.00      |

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|                     |                          | Docume            | IIL I auc 23 01 40 |  |
|---------------------|--------------------------|-------------------|--------------------|--|
| Fill in this infor  | rmation to identify your | case:             |                    |  |
| Debtor 1            | Bryon Igess              |                   |                    |  |
|                     | First Name               | Middle Name       | Last Name          |  |
| Debtor 2            |                          |                   |                    |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name          |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS        |  |
| Case number         |                          |                   |                    |  |
| (if known)          |                          |                   |                    |  |
|                     |                          |                   |                    |  |

### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| I   | Person or | company with | whom you have the<br>r, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | <del>-</del>                            |
|     |           |              |   |                   |   |
|     |           |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   | <del>-</del>                            |
|     |           |              |   |                   |   |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   |   |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.3 |           |              |   |                   |   |
|     | Name      |              |   |                   | <del>_</del>                            |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.4 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   | <del>-</del>                            |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.5 |           |              |   |                   |   |
| 2.0 | NI        |              |   |                   | _                                       |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
|     | City      |              | Otate   | ZII COUE          |   |

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| Fill in this           | s information to identify you                                    | Docume                         | nt Page 24 o            | of 48                                     |   |
|------------------------|--|--------------------------------|-------------------------|---|---|
|                        |  |                                |                         |   |   |
| Debtor 1               | Bryon Igess First Name   | Middle Name                    | Last Name               |   |   |
| Debtor 2               |  |                                |                         |   |   |
| (Spouse if, fili       | ing) First Name  | Middle Name                    | Last Name               |   |   |
| United Sta             | ates Bankruptcy Court for the                                    | NORTHERN DISTRICT              | OF ILLINOIS             |   |   |
| Case num<br>(if known) | ber  |                                |                         |   | ☐ Check if this is an amended filing  |
| 0.00                   | 15 10011   |                                |                         |   | amonada ming  |
|                        | I Form 106H  |                                |                         |   |   |
| <u>Schec</u>           | dule H: Your Co  | debtors                        |                         |   | 12/15   |
|                        | and case number (if know you have any codebtors? (               | , ,                            |                         | e as a codebtor.                          |   |
| ■ No<br>□ Yes          |  |                                |                         |   |   |
|                        | thin the last 8 years, have yona, California, Idaho, Louisian    |                                |                         |   | y states and territories include  |
|                        | . Go to line 3.<br>s. Did your spouse, former sp                 | ouse, or legal equivalent live | e with you at the time? |   |   |
| in line<br>Form        | e 2 again as a codebtor only                                     | y if that person is a guaran   | tor or cosigner. Make   | sure you have listed th                   | g with you. List the person shown<br>ne creditor on Schedule D (Officia<br>Schedule E/F, or Schedule G to |
|                        | Column 1: Your codebtor<br>Name, Number, Street, City, State and | ZIP Code                       |                         | Column 2: The cree<br>Check all schedules | ditor to whom you owe the debt s that apply:  |
| 3.1                    |  |                                |                         | ☐ Schedule D, line                        | <b>;</b>  |
|                        | Name   |                                |                         | ☐ Schedule E/F, lin                       | ne  |
|                        |  |                                |                         | ☐ Schedule G, line                        | e   |
| -                      | Number Street<br>City  | State                          | ZIP Code                | _   |   |
| 3.2                    |  |                                |                         | ☐ Schedule D, line                        |   |
|                        | Name   |                                |                         | Schedule E/F, lii                         |   |
|                        |  |                                |                         | ☐ Schedule G, line                        |   |
| -                      | Number Street  |                                |                         | _   |   |
|                        | City   | State                          | ZIP Code                |   |   |

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| Fill               | in this information to identify your c   | ase:  |   |                    |                            |   |                            |                           |                   |
|--------------------|--|---|---|--------------------|----------------------------|---|----------------------------|---------------------------|-------------------|
|                    | otor 1 Bryon Igess   |   |   |                    |                            |   |                            |                           |                   |
|                    | otor 2   |   |   |                    | _                          |   |                            |                           |                   |
| Uni                | ted States Bankruptcy Court for the  | : NORTHERN DISTRIC                                | CT OF ILLINOIS                                      |                    |                            |   |                            |                           |                   |
|                    | se number<br>  |   | -   |                    |                            | eck if this is:<br>An amende<br>A suppleme<br>13 income | d filing<br>ent showing    |                           |                   |
| O                  | fficial Form 106I  |   |   |                    |                            | MM / DD/ Y  |                            | lowing date.              |                   |
|                    | chedule I: Your Inc  | ome   |   |                    |                            | IVIIVI / DD/ Y  | YYY                        |                           | 12/15             |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not fili r spouse is not filing w | ing jointly, and your s<br>ith you, do not includ   | spouse<br>de infor | is living wi<br>mation abo | th you, incl<br>out your spe                            | lude inform<br>ouse. If mo | ation abou<br>re space is | t your<br>needed, |
| 1.                 | Fill in your employment information.   |   | Debtor 1  |                    |                            | Debtor 2 or non-filing spouse                           |                            |                           |                   |
|                    | If you have more than one job, attach a separate page with information about additional  | Employment status                                 | <ul><li>■ Employed</li><li>□ Not employed</li></ul> | _                  |                            |   | ☐ Employed ☐ Not employed  |                           |                   |
|                    | employers.   | Occupation  | Engineering Dire                                    | ector              |                            |   |                            |                           |                   |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name                                   | Glencrest Nursing & Rehab<br>Centre Ltd.            |                    |                            |   |                            |                           |                   |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address                                | 2451 W. Touhy<br>Chicago, IL 60645                  |                    |                            |   |                            |                           |                   |
|                    |  | How long employed to                              | here? 1 month                                       | 1                  |                            |   |                            |                           |                   |
| Par                | t 2: Give Details About Mor  | nthly Income                                      |   |                    |                            |   |                            |                           |                   |
| spou<br>If yo      | mate monthly income as of the duse unless you are separated.  u or your non-filing spouse have mo  | ore than one employer, co                         | ,   |                    |                            |   | ·                          | •                         | J                 |
| more               | e space, attach a separate sheet to  | this form.  |   |                    |                            |   |                            |                           |                   |
|                    |  |   |   |                    | For D                      | ebtor 1   | For Debt                   | or 2 or<br>g spouse       |                   |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |   |   | 2.                 | \$                         | 4,583.32  | \$                         | N/A                       |                   |
| 3.                 | Estimate and list monthly overt  | ime pay.  |   | 3.                 | +\$                        | 0.00  | +\$                        | N/A                       |                   |
| 4.                 | Calculate gross Income. Add lin  | ne 2 + line 3.                                    |   | 4.                 | \$4,                       | 583.32  | \$                         | N/A                       |                   |

Official Form 106I Schedule I: Your Income page 1

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| Deb | tor 1              | Bryon Igess  | -                 | Ca   | ase number ( <i>if kr</i> | own)                 |            |                        |                   |   |
|-----|--------------------|--|-------------------|------|---------------------------|----------------------|------------|------------------------|-------------------|---|
|     |                    |  |                   | F    | For Debtor 1              |                      |            | Debtor 2<br>-filing sp |                   |   |
|     | Cop                | by line 4 here   | 4.                | 9    | 4,583                     | 3.32                 | \$         |                        | N/A               | <u> </u>                                |
| 5.  | List               | all payroll deductions:  |                   |      |                           |                      |            |                        |                   |   |
|     | 5a.                | Tax, Medicare, and Social Security deductions  | 5a.               | . 9  | 1,089                     | .77                  | \$         |                        | N/A               |   |
|     | 5b.                | Mandatory contributions for retirement plans   | 5b                |      |                           | 0.00                 | \$         |                        | N/A               | _                                       |
|     | 5c.                | Voluntary contributions for retirement plans   | 5c.               | . \$ | 6                         | 0.00                 | \$         |                        | N/A               |   |
|     | 5d.                | Required repayments of retirement fund loans   | 5d.               |      |                           | 0.00                 | \$         |                        | N/A               | <u> </u>                                |
|     | 5e.                | Insurance  | 5e.               |      |                           | 0.00                 | \$         |                        | N/A               | _                                       |
|     | 5f.                | Domestic support obligations   | 5f.               |      |                           | 0.00                 | \$         |                        | N/A               | _                                       |
|     | 5g.<br>5h.         | Union dues Other deductions. Specify:  | 5g.<br>5h.        |      | ·                         | 0.00<br>0.00         | \$<br>+ \$ |                        | N/A<br>N/A        | _                                       |
| _   |                    | · · · · · · · · · · · · · · · · · · ·  | _                 |      |                           |                      | · —        |                        |                   | _                                       |
| 6.  |                    | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.                | \$   |                           |                      | \$         |                        | N/A               | _                                       |
| 7.  |                    | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.                | \$   | 3,493                     | 3.55                 | \$         |                        | N/A               | <u>.</u>                                |
| 8.  | List<br>8a.        | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total            |                   |      |                           |                      |            |                        |                   |   |
|     |                    | monthly net income.  | 8a                | . 9  | 6                         | 0.00                 | \$         |                        | N/A               |   |
|     | 8b.                | Interest and dividends   | 8b                | . \$ | 6                         | 0.00                 | \$         |                        | N/A               | <u> </u>                                |
|     | 8c.<br>8d.<br>8e.  | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security                           | 8c.<br>8d.<br>8e. | . \$ | 6                         | 0.00<br>0.00<br>0.00 | \$<br>\$   |                        | N/A<br>N/A<br>N/A | <u> </u>                                |
|     | 8f.                | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.          | Э                 |      |                           |                      | ·          |                        | -                 | _                                       |
|     | 8g.                | Specify: Pension or retirement income  | _ 8f.<br>8g.      |      |                           | 0.00                 | \$         |                        | N/A<br>N/A        | _                                       |
|     | 8h.                | Other monthly income. Specify:   | 8h.               | ,    |                           | 0.00                 | · ·        |                        | N/A               | _                                       |
|     |                    |  | _                 | _    |                           |                      | Ė          |                        |                   | <u>-</u>                                |
| 9.  | Add                | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.                | \$   | (                         | 0.00                 | \$         |                        | N/A               | A                                       |
| 10. | Cal                | culate monthly income. Add line 7 + line 9.  | 10.               | \$   | 3,493.55                  | + \$                 |            | N/A :                  | = \$              | 3,493.55                                |
|     |                    | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |                   | · —  |                           | ' '                  |            |                        | ' -               | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 11. | Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not scify: | depe              |      | , ,                       |                      | ,          | Schedule<br>11.        |                   | 0.00                                    |
| 12. |                    | If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certallies   |                   |      |                           |                      |            | 12.                    | \$                | 3,493.55                                |
| 13. | Do                 | you expect an increase or decrease within the year after you file this form  | ?                 |      |                           |                      |            |                        |                   | ly income                               |
|     |                    | No.<br>Yes. Explain:   |                   |      |                           |                      |            |                        |                   |   |

Official Form 106I Schedule I: Your Income page 2

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| Filli  | n this informa                                | ation to identify yo                | our case:                            |  |                        |             |                   |  |
|--------|---|-------------------------------------|--------------------------------------|--|------------------------|-------------|-------------------|--|
| Debt   | tor 1   | Bryon Igess                         |                                      |  |                        | Che         | eck if this is:   |  |
|        | _   |                                     |                                      |  |                        |             | An amended filing |  |
| Debt   | or 2<br>use, if filing)                       |                                     |                                      |  |                        |             |                   | wing postpetition chapter the following date:          |
| (Opo   | rase, ii iiiiig)                              |                                     |                                      |  |                        |             | To expenses us of | the following date:                                    |
| Unite  | ed States Bankr                               | ruptcy Court for the:               | NORTH                                | IERN DISTRICT OF ILLIN                                 | OIS                    |             | MM / DD / YYYY    |  |
| Case   | e numbe <b>r</b>                              |                                     |                                      |  |                        |             |                   |  |
| (If kn | nown)   |                                     |                                      |  |                        |             |                   |  |
|        |   |                                     |                                      |  |                        |             |                   |  |
| Of     | ficial Fo                                     | rm 106J                             |                                      |  |                        |             |                   |  |
| Sc     | hedule  | J: Your I                           | <br>Exper                            | ises   |                        |             |                   | 12/15  |
| Be a   | as complete<br>rmation. If m<br>nber (if know | and accurate as                     | possible<br>eded, atta<br>y question | . If two married people a<br>ich another sheet to this |                        |             |                   |  |
| 1.     | Is this a joir                                | nt case?                            |                                      |  |                        |             |                   |  |
|        | ■ No. Go to                                   | o line 2.<br>es Debtor 2 live i     | in a separ                           | ate household?   |                        |             |                   |  |
|        | □N  | lo                                  | ·                                    |  |                        |             |                   |  |
|        | ΠY  | es. Debtor 2 mus                    | st file Offic                        | ial Form 106J-2, <i>Expense</i>                        | s for Separate House   | ehold of De | ebtor 2.          |  |
| 2.     | Do you have                                   | e dependents?                       | □ No                                 |  |                        |             |                   |  |
|        | Do not list D                                 | •                                   |                                      | Fill out this information for                          | Dependent's relation   | onshin to   | Dependent's       | Does dependent   |
|        | and Debtor 2                                  |                                     | Yes.                                 | each dependent   | Debtor 1 or Debtor     |             | age               | live with you?   |
|        | Do not state                                  | the                                 |                                      |  |                        |             |                   | ■ No   |
|        | dependents                                    |                                     |                                      |  | Son                    |             | 11                | ☐ Yes  |
|        |   |                                     |                                      |  |                        |             | <u> </u>          | □ No   |
|        |   |                                     |                                      |  |                        |             |                   | ☐ Yes  |
|        |   |                                     |                                      |  |                        |             |                   | ☐ No   |
|        |   |                                     |                                      |  |                        |             |                   | ☐ Yes  |
|        |   |                                     |                                      |  |                        |             |                   | ☐ No   |
|        |   |                                     |                                      |  |                        |             |                   | ☐ Yes  |
| 3.     |   | enses include                       |                                      | No   |                        |             |                   |  |
|        |   | f people other ti<br>d your depende |                                      | Yes  |                        |             |                   |  |
|        |   |                                     |                                      |  |                        |             |                   |  |
| exp    | mate your ex                                  |                                     | our bankrı                           | uptcy filing date unless y                             |                        |             |                   | apter 13 case to report<br>of the form and fill in the |
|        |   |                                     |                                      | government assistance cluded it on Schedule I:         |                        |             |                   |  |
| (Off   | icial Form 10                                 | 061.)                               |                                      |  |                        |             | Your exp          | enses  |
| 4.     | The rental of                                 | or home owners                      | hin evner                            | ses for your residence.                                | Include first mortgage | ^           |                   |  |
| 4.     |   | nd any rent for the                 |                                      |  | mciude ilist mortgagi  | 4.          | \$                | 400.00   |
|        | If not include                                | ded in line 4:                      |                                      |  |                        |             |                   |  |
|        | 4a. Real                                      | estate taxes                        |                                      |  |                        | 4a.         | \$                | 0.00   |
|        |   | rty, homeowner's                    |                                      |  |                        | 4b.         | \$                | 35.00  |
|        |   |                                     |                                      | upkeep expenses  |                        | 4c.         | ·                 | 0.00   |
| _      |   | owner's associat                    |                                      |  |                        | 4d.         |                   | 0.00   |
| 5.     | Additional r                                  | nortgage payme                      | ants for vo                          | <b>our residence</b> , such as ho                      | me equity loans        | 5.          | 35                | 0.00   |

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| Debtor 1 Bryon Ige                  | ess   | Case num         | ber (if known)   |                             |
|-------------------------------------|---|------------------|------------------|-----------------------------|
| 6. Utilities:                       |   |                  |                  |                             |
|                                     | heat, natural gas   | 6a.              | \$               | 160.00                      |
|                                     | ver, garbage collection   | 6b.              |                  | 0.00                        |
| •                                   | , cell phone, Internet, satellite, and cable services   | 6c.              | ·                | 289.00                      |
| 6d. Other. Spe                      |   | 6d.              | ·                | 0.00                        |
|                                     | keeping supplies  | 7.               | \$               | 459.13                      |
|                                     | nildren's education costs   | 8.               | \$               | 200.00                      |
|                                     | y, and dry cleaning   | 9.               | ·                | 150.00                      |
| _                                   | oducts and services   | 10.              |                  | 50.00                       |
| Medical and den                     |   | 11.              | ·                | 150.00                      |
|                                     | •   | 11.              | Φ                | 130.00                      |
| Do not include ca                   | Include gas, maintenance, bus or train fare.  | 12.              | \$               | 400.00                      |
|                                     | lubs, recreation, newspapers, magazines, and books  | 13.              | ·                | 0.00                        |
|                                     | ibutions and religious donations  | 14.              | ·                | 0.00                        |
| 5. Insurance.                       | ibutions and rengious donations   | 14.              | Ψ                | 0.00                        |
|                                     | surance deducted from your pay or included in lines 4 or 20.  |                  |                  |                             |
| 15a. Life insurar                   |   | 15a.             | \$               | 0.00                        |
| 15b. Health insu                    |   | 15b.             | ·                | 0.00                        |
| 15c. Vehicle ins                    |   | 15b.             | ·                | 120.00                      |
|                                     |   |                  | ·                |                             |
| 15d. Other insur                    |   | 15d.             | Φ                | 0.00                        |
| Specify:                            | clude taxes deducted from your pay or included in lines 4 or 20.  | 16.              | ¢                | 0.00                        |
| 7. Installment or le                | aca navmanta.   |                  | Ψ                | 0.00                        |
| 17a. Car payme                      |   | 17a.             | \$               | 0.00                        |
| 17b. Car payme                      |   | 17a.<br>17b.     | ·                | 0.00                        |
|                                     |   | 17b.<br>17c.     | ·                | 0.00                        |
| 17c. Other. Spe                     |   |                  |                  |                             |
| 17d. Other. Spe                     |   | 17d.             | <b>&gt;</b>      | 0.00                        |
| 3. Your payments of                 | of alimony, maintenance, and support that you did not report<br>our pay on line 5, <i>Schedule I, Your Income</i> (Official Form 10 | t as<br>61). 18. | \$               | 0.00                        |
|                                     | you make to support others who do not live with you.  | oi).             | \$               | 0.00                        |
| Specify:                            | you make to support others who do not live with you.  | 19.              | Ψ                | 0.00                        |
| · · ·                               | erty expenses not included in lines 4 or 5 of this form or on S   |                  | our Incomo       |                             |
| 20a. Mortgages                      |   | 20a.             |                  | 0.00                        |
| 20b. Real estate                    |   | 20a.<br>20b.     |                  | 0.00                        |
|                                     |   | 20b.<br>20c.     | · -              |                             |
|                                     | omeowner's, or renter's insurance   |                  | ·                | 0.00                        |
|                                     | ce, repair, and upkeep expenses   | 20d.             | ·                | 0.00                        |
|                                     | er's association or condominium dues  | 20e.             | ·                | 0.00                        |
| <ol> <li>Other: Specify:</li> </ol> |   | 21.              | +\$              | 0.00                        |
| 2. Calculate your m                 | nonthly expenses  |                  |                  |                             |
| 22a. Add lines 4 t                  | •   |                  | \$               | 2,413.13                    |
|                                     | modgm 21.<br>! (monthly expenses for Debtor 2), if any, from Official Form 106J   | 1.2              | \$               | 2,413.13                    |
|                                     |   | 1-2              | ·                |                             |
| 22c. Add line 22a                   | and 22b. The result is your monthly expenses.   |                  | \$               | 2,413.13                    |
| 3. Calculate your m                 | nonthly net income.   |                  |                  |                             |
| •                                   | 2 (your combined monthly income) from Schedule I.   | 23a.             | \$               | 3,493.55                    |
|                                     | monthly expenses from line 22c above.   | 23b.             | ·                | 2,413.13                    |
|                                     | ,   | 200.             |                  | 2,710.13                    |
| 23c. Subtract vo                    | our monthly expenses from your monthly income.  |                  |                  |                             |
|                                     | s your monthly net income.  | 23c.             | \$               | 1,080.42                    |
|                                     | •   |                  |                  |                             |
|                                     | n increase or decrease in your expenses within the year afte  |                  |                  |                             |
|                                     | I expect to finish paying for your car loan within the year or do you expect your mortgage?   | our mortgage pa  | syment to increa | se or decrease because of a |
|                                     | enne or your mortgage:  |                  |                  |                             |
| ■ No.                               |   |                  |                  |                             |
| ☐ Yes.                              | Explain here:   |                  |                  |                             |

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| Debtor 1             | Bryon Igess              |                   |             |                                      |
|----------------------|--------------------------|-------------------|-------------|--------------------------------------|
|                      | First Name               | Middle Name       | Last Name   |                                      |
| Debtor 2             |                          |                   |             |                                      |
| (Spouse if, filing)  | First Name               | Middle Name       | Last Name   |                                      |
| United States B      | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                                      |
| Case number          |                          |                   |             |                                      |
| (if known)           |                          |                   |             | ☐ Check if this is an amended filing |
|                      |                          |                   |             | amended filing                       |
| O(() - 1 - 1 - 1 - 1 | m 106Dec                 |                   |             |                                      |
| <u>Jiticial For</u>  |                          |                   |             |                                      |

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

|  | Sign Below  |      |   |  |  |  |
|--|---|------|---|--|--|--|
| Die  | d you pay or agree to pay someone who is NOT an attorney to | help | you fill out bankruptcy forms?  |  |  |  |
|  | No  |      |   |  |  |  |
|  | Yes. Name of person   |      | . Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. |   |      |   |  |  |  |
| X  | /s/ Bryon Igess   | X    |   |  |  |  |
|  | Bryon Igess Signature of Debtor 1                           |      | Signature of Debtor 2   |  |  |  |
|  | Date December 12, 2015                                      |      | Date  |  |  |  |

Official Form 106Dec

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|                                     | lin this inform   | -4:4:  |  |   |  |   |  |  |  |
|-------------------------------------|---|--|--|---|--|---|--|--|--|
| _                                   |   | ation to identify you                        | r case:                                    |   |  |   |  |  |  |
| De                                  | ebtor 1   | Bryon Igess First Name                       | Middle Name                                | Last Name   |  |   |  |  |  |
|                                     | ebtor 2<br>ouse if, filing)   | First Name                                   | Middle Name                                | Last Name   |  |   |  |  |  |
|                                     |   | kruptcy Court for the:                       | NORTHERN DISTRICT (                        | OF ILLINOIS   |  |   |  |  |  |
|                                     |   | , ,  |  |   |  |   |  |  |  |
| Case number(if known)               |   |  |  |   |  |   |  |  |  |
| St<br>Be                            | as complete a   | of Financial A                               |  | are filing together, both are                         | equally responsible for su                                   |   |  |  |  |
|                                     |   | ore space is needed,<br>). Answer every ques |  | this form. On the top of an                           | y additional pages, write yo                                 | our name and case                                     |  |  |  |
| Pa                                  | rt 1: Give De   | etails About Your Ma                         | rital Status and Where You                 | Lived Before  |  |   |  |  |  |
| 1.                                  | What is your  | current marital statu                        | ıs?  |   |  |   |  |  |  |
|                                     | <ul><li>□ Married</li><li>■ Not marr</li></ul>  | ied  |  |   |  |   |  |  |  |
| 2.                                  | During the la   | st 3 years, have you                         | lived anywhere other than                  | where you live now?                                   |  |   |  |  |  |
|                                     | <ul><li>No</li><li>Yes. List all of the places you lived in the last 3 years. Do not include where you live now.</li></ul>  |  |  |   |  |   |  |  |  |
|                                     | Debtor 1 Pri  | or Address:                                  | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad                                     | dress:   | Dates Debtor 2<br>lived there                         |  |  |  |
| <b>3.</b><br>sta                    |   |  |  |   | nity property state or territo<br>ico, Texas, Washington and |   |  |  |  |
|                                     | ■ No<br>□ Yes. Mak  | ke sure you fill out <i>Scl</i>              | nedule H: Your Codebtors (O                | fficial Form 106H).                                   |  |   |  |  |  |
| Pa                                  | rt 2 Explain  | the Sources of You                           | r Income                                   |   |  |   |  |  |  |
| 4.                                  | Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. |  |  |   |  |   |  |  |  |
|                                     | □ No ■ Yes. Fill  | in the details.                              |  |   |  |   |  |  |  |
|                                     |   |  | Debtor 1                                   |   | Debtor 2   |   |  |  |  |
|                                     |   |  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                   | Gross income<br>(before deductions<br>and exclusions) |  |  |  |
| the date voll tiled for pankfilntov |   |  | ■ Wages, commissions, bonuses, tips        | \$6,769.22  | ☐ Wages, commissions, bonuses, tips                          |   |  |  |  |
|                                     | ☐ Operating a business ☐ Operating a business   |  |  |   |  |   |  |  |  |

Official Form 107

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Document Page 31 of 48 Debtor 1 **Bryon Igess** Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$43,649.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2014) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties: and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below.. (before deductions and Describe below. (before deductions and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an ☐ No. individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment **Total amount** Amount vou Was this payment for ... paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

Total amount

paid

Amount you

still owe

**Dates of payment** 

Yes. List all payments to an insider

Insider's Name and Address

Reason for this payment

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Debtor 1 **Bryon Igess** Case number (if known) Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider **Insider's Name and Address** Amount you Reason for this payment Dates of payment Total amount paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No П Yes. Fill in the details. Case title Nature of the case Status of the case Court or agency Case number Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. П Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No П Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Value Dates vou

Part 6: List Certain Losses

more than \$600

Charity's Name

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other

Address (Number, Street, City, State and ZIP Code)

contributed

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Document Page 33 of 48 Debtor 1 **Bryon Igess** Case number (if known) disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made Email or website address Person Who Made the Payment, if Not You June 2015, \$27 towards pre-filing credit \$27.00 Debtstoppers 11101 South Western Avenue counseling course and credit report. Debtor Chicago, IL 60643 Williams Law Office \$310 towards court filing fee payable to 2015 \$500.00 PO Box 208501 **United States Bankruptcy Court** Chicago, IL 60620 \$190 towards legal fee payable to **Williams Law Office** \$9.76 toward pre-filing credit CC Advising, Inc. \$9.76 703 Washington Avenue counseling course payable to CC Suite 200 Advising, Inc. Bay City, MI 48708 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. П Yes. Fill in the details.

**Address** 

Person Who Received Transfer

Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

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Debtor 1 **Bryon Igess** Case number (if known) 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance instrument closed, sold. before closing or Address (Number, Street, City, State and ZIP account number Code) moved, or transfer transferred **PNC Bank** \$200.00 XXXX-0 Approximately Checking PO Box 54828 \$200 at time of □ Savings Los Angeles, CA 90054-0828 closing in ■ Money Market October 2014 □ Brokerage □ Other 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. п Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, have it? Address (Number, Street, City, State and ZIP Code) State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy No Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still to it? have it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Nο Yes. Fill in the details. Where is the property? Describe the property Value

**Owner's Name** 

(Number, Street, City, State and ZIP

Address (Number, Street, City, State and ZIP Code)

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Case number (if known) Document

Debtor 1 **Bryon Igess** 

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

|     |   | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or use to own, operate, or utilize it, including disposal sites. |       |  |                                   |   |                    |  |  |  |
|-----|---|---|-------|--|-----------------------------------|---|--------------------|--|--|--|
|     | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. |   |       |  |                                   |   |                    |  |  |  |
| Rep | ort a   | II notices, releases, and proceedings the   | hat y | ou know about, regardless of wher  | n th                              | ey occurred.  |                    |  |  |  |
| 24. | Has   | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  |       |  |                                   |   |                    |  |  |  |
|     |   | No<br>Yes. Fill in the details.   |       |  |                                   |   |                    |  |  |  |
|     |   | me of site<br>dress (Number, Street, City, State and ZIP Code)  |       | Governmental unit Address (Number, Street, City, State and ZIP Code)       | Ŀ                                 | Environmental law, if you know it   | Date of notice     |  |  |  |
| 25. | Have you notified any governmental unit of any release of hazardous material?   |   |       |  |                                   |   |                    |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |       |  |                                   |   |                    |  |  |  |
|     |   | ddress (Number, Street, City, State and ZIP Code)  Addre  |       | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it |   | Date of notice     |  |  |  |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.   |   |       |  |                                   |   |                    |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |       |  |                                   |   |                    |  |  |  |
|     | Case Title<br>Case Number   |   |       | Court or agency Name Address (Number, Street, City, State and ZIP Code)    |                                   | ture of the case  | Status of the case |  |  |  |
| Pai | rt 11:  | Give Details About Your Business or   | r Con | nections to Any Business   |                                   |   |                    |  |  |  |
| 27. | Witl  | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?  |       |  |                                   |   |                    |  |  |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   |   |       |  |                                   |   |                    |  |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |   |       |  |                                   |   |                    |  |  |  |
|     | ☐ A partner in a partnership  |   |       |  |                                   |   |                    |  |  |  |
|     | ☐ An officer, director, or managing executive of a corporation  |   |       |  |                                   |   |                    |  |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation   |   |       |  |                                   |   |                    |  |  |  |
|     | No. None of the above applies. Go to Part 12.   |   |       |  |                                   |   |                    |  |  |  |
|     | Yes. Check all that apply above and fill in the details below for each business.  |   |       |  |                                   |   |                    |  |  |  |
|     | Address   |   |       | escribe the nature of the business   |                                   | Employer Identification number Do not include Social Security number or ITIN. |                    |  |  |  |
|     | (IVIII)   | mber, Street, City, State and ZIP Code)   | Na    | me of accountant or bookkeeper   | Dates business existed            |   |                    |  |  |  |
|     |   |   |       |  |                                   |   |                    |  |  |  |

Case 15-42437 Doc 1 Filed 12/16/15 Entered 12/16/15 21:33:30 Desc Main Page 36 of 48 Document Debtor 1 **Bryon Igess** Case number (if known) 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Bryon Igess Signature of Debtor 2 **Bryon Igess** Signature of Debtor 1 Date Date December 12, 2015 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |  |
|------------|--------------------|--|
| \$245      | filing fee         |  |
| \$75       | administrative fee |  |
| + \$15     | trustee surcharge  |  |
| \$335      | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

- \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney

and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

☐ The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$3,250.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$190.00 toward the flat fee, leaving a balance due of \$3,060.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: <u>December 12, 2015</u>           |   |  |
|--|---|--|
| Signed:                                  |   |  |
| /s/ Bryon Igess                          | /s/ Asisat Williams                           |  |
| Bryon Igess                              | Asisat Williams                               |  |
|  | Attorney for the Debtor(s)                    |  |
| Debtor(s)                                |   |  |
| Do not sign this agreement if the amount | s are blank. <b>Local Bankruptcy Form 23c</b> |  |

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B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Northern District of Illinois

| In r | e Bryon Igess   |   |  | Case No.                                |                                     |
|------|---|---|--|---|-------------------------------------|
|      |   |   | Debtor(s)  | Chapter                                 | 13                                  |
|      | DIS   | CLOSURE OF (  | COMPENSATION OF ATTOR  | NEY FOR DE                              | CBTOR(S)                            |
| 1.   | compensation paid to  | o me within one year bef  | nkr. P. 2016(b), I certify that I am the attorn fore the filing of the petition in bankruptcy, templation of or in connection with the bank  | or agreed to be paid                    | to me, for services rendered or to  |
|      | For legal service   | es, I have agreed to acce   | ept  | \$                                      | 3,250.00                            |
|      |   |   | ve received  |   | 190.00                              |
|      | Balance Due   |   |  | \$                                      | 3,060.00                            |
| 2.   | The source of the cor   | mpensation paid to me v   | was:   |   |                                     |
|      | Debtor  | ☐ Other (specify):  |  |   |                                     |
| 3.   | The source of compe   | ensation to be paid to me   | e is:  |   |                                     |
|      | ■ Debtor  | ☐ Other (specify):  |  |   |                                     |
| 4.   | ■ I have not agreed   | d to share the above-disc   | closed compensation with any other person u  | unless they are mem                     | pers and associates of my law firm. |
|      |   |   | ed compensation with a person or persons wast of the names of the people sharing in the  |   |                                     |
| 5.   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:                   |   |  |   |                                     |
|      | <ul> <li>b. Preparation and fi</li> <li>c. Representation of</li> <li>d. [Other provisions</li> <li>Negotiation</li> <li>reaffirmation</li> </ul> | iling of any petition, sch<br>f the debtor at the meeting<br>as as needed]<br>ons with secured cre<br>tion agreements and | n, and rendering advice to the debtor in detendules, statement of affairs and plan which ng of creditors and confirmation hearing, an editors to reduce to market value; exe applications as needed; preparation ens on household goods. | may be required;<br>d any adjourned hea | rings thereof;                      |
| 6.   | Represent   |   | disclosed fee does not include the following in any dischargeability actions, judicing.  |   | es, relief from stay actions or     |
|      |   |   | CERTIFICATION  |   |                                     |
| this | I certify that the foregon bankruptcy proceeding  |   | ement of any agreement or arrangement for p  | payment to me for re                    | presentation of the debtor(s) in    |
|      | December 12, 2015   | 5   | /s/ Asisat Williams  | S                                       |                                     |
| _    | Date  |   | Asisat Williams  | -                                       |                                     |
|      |   |   | Signature of Attorney<br>Williams Law Offi   |   |                                     |
|      |   |   | PO Box 208501  |   |                                     |
|      |   |   | Chicago, IL 60620  | )                                       |                                     |
|      |   |   | (773) 445-5274 Fa  | ax: (773) 770-4700                      | )                                   |
| 1    |   |   | Name of law firm   |   |                                     |

### **United States Bankruptcy Court** Northern District of Illinois

|       |  | 1 (of the H District of Immors                  |                                 |              |
|-------|--|---|---------------------------------|--------------|
| In re | Bryon Igess                                |   | Case No.                        |              |
|       |  | Debtor(s)                                       | Chapter 13                      |              |
|       | VE   | RIFICATION OF CREDITOR N                        | IATRIX                          |              |
|       |  | Number of                                       | Creditors:                      | 9            |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credi          | tors is true and correct to the | e best of my |
| Date: | December 12, 2015                          | /s/ Bryon Igess Bryon Igess Signature of Debtor |                                 |              |

Arnold Scott Harris, P.C 111 West Jackson Boulevard, Ste 600 Chicago, IL 60604

Capital One Auto Finance 3901 Dallas Pkwy Plano, TX 75093

City of Chicago Department of Finance 111 W. Jackson Boulevard, Suite 600 Chicago, IL 60604

Credit Management 4200 International Parkway Carrollton, TX 75007-1912

Enhanced Acquisition 3840 E. Robinson Road, Suite 353 Buffalo, NY 14228

First Premier Bank 3820 N. Louise Avenue Sioux Falls, SD 57107

Latrina Kent c/o IL Department of Healthcare 509 South 6th Street Springfield, IL 62701

MCSI Inc. PO Box 327 Chicago, IL 60643

Mohela/Department of Education 633 Spirit Drive Labadie, MO 63055